

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10606246

FILING DATE 06-26-03

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | | |
|--------------|----------|-----|---------------------|-----|---------------------|-----|-----|
| | IND | DEP | IND | DEP | IND | DEP | |
| 1 | / | | | | | | 51 |
| 2 | | | | | | | 52 |
| 3 | | | | | | | 53 |
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| 48 | / | | | | | | 98 |
| 49 | / | | | | | | 99 |
| 50 | / | | | | | | 100 |
| TOTAL IND. | | | | | | | 2 |
| TOTAL DEP. | | | | | | | 29 |
| TOTAL CLAIMS | | | | | | | 31 |